

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|------------|--------|---------|
| FEE DETERMINATION | B4 | 70385 | |
| O.I.P.E. CLASSIFIER | | | 7-27-01 |
| FORMALITY REVIEW | UNM-108031 | | 02899 |

Best Available Copy

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|--------|
| 1 | ✓ | ✓ | 7/1/01 |
| 2 | ✓ | ✓ | 7/1/01 |
| 3 | ✓ | ✓ | 7/1/01 |
| 4 | ✓ | ✓ | 7/1/01 |
| 5 | ✓ | ✓ | 7/1/01 |
| 6 | ✓ | ✓ | 7/1/01 |
| 7 | ✓ | ✓ | 7/1/01 |
| 8 | ✓ | ✓ | 7/1/01 |
| 9 | ✓ | ✓ | 7/1/01 |
| 10 | ✓ | ✓ | 7/1/01 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here